



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ELKHART GENERAL HOSPITAL

City of Hospital: Elkhart

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Souk Luck

Email Address: sluck@beaconhealthsystem.org

Medicare Provider Number: 150018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$488885000
Outpatient Patient Service Revenue	\$425051000
Total Gross Patient Service Revenue	\$913936000

2. Deductions From Revenue

Contractual Allowance	\$595115000
Other Deductions	\$11149000
Total Deductions	\$606264000

3. Total Operating Revenue

Net Patient Service Revenue	\$307672000
Other Operating Revenue	\$19108000
Total Operating Revenue	\$326780000

4. Operating Expenses

Salaries and Wages	\$90582000	Employee Benefits	\$19155000
Depreciation and Amortization	\$17493000	Interest Expense	\$1101000
Bad Debt	\$25157000	Other Expenses	\$135116000
Total Operating Expenses	\$288604000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$38176000	Total Assets	\$282551000
Net Non-operating Gains over Loss	\$-68000	Total Liabilities	\$128857000

Total Net Gains	\$38108000
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$484642000	\$382251000	\$102391000
Medicaid	\$134796000	\$98148000	\$36648000
Other Government	\$0	\$0	\$0
Other State	\$3914000	\$3566000	\$348000
Other Payers	\$290584000	\$122299000	\$168285000
Total	\$913936000	\$606264000	\$307672000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$243000	\$-243000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$843000	\$-843000
Hospital Patients	\$0	\$0	\$0
Community Education	\$52000	\$167000	\$-115000

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	9624
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$3664000
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1060000	
HCI Payments	\$0		
Subtotal	\$0	\$1060000	\$-1060000
Medicaid Shortfalls	\$38978000	\$40126000	
Subtotal	\$38978000	\$41186000	\$-2208000
DSH Payments	\$0		
Subtotal	\$38978000	\$41186000	\$-2208000
Medicare Shortfalls	\$105538000	\$140196000	
Other Government Programs	\$0	\$0	
Total	\$144516000	\$181382000	\$-36866000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$89000	\$579000	\$-490000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//